



Medical UM Review

How to submit a request

We have updated our Medical UM Review Process — it's all online and only takes a few minutes to complete a request.

- ▶ **Faster Review Process**
- ▶ **HIPAA Compliant — Safe and Secure**
- ▶ **Quicker Access to Care for Members**

It's as easy as 1 - 2 - 3!

1. Fill out the **UM Request Form** located [here](#) and “Save As” your preferred file name.
2. Click [here](#) to access the online submission portal.
3. You will see a **Submit File to UUHP UM** window. Choose your saved file, add a description and enter your email. Once complete, click “Upload”. You will receive a “Success” message once your file as been sent.

UM Request Cover Sheet University of Utah Health Plans | 2016

Our goal is to provide the most appropriate and timely care for our mutual patients. To this end, "Urgent" is defined as Medical services that are needed in a timely or urgent manner that would subject the member to adverse health consequences without the care or treatment requested. University of Utah Health Plans reserves the right to classify Urgent requests as standard requests when this definition is not met.

Date of request: _____
 Scheduled Date: _____
 Urgent request/Reasons: _____
 # of pages included in request: _____

Submit documents to:
<http://uhealthplans.utah.edu/for-provider/box.um.php>
 Phone: # 801.371.5879 ext. 2 or
 801.371.4880 ext. 2

Urgent requests will be completed in 72 hours and standard requests will be completed in 15 calendar days when all required documentation is received. If records are requested and not submitted within 24 hours for urgent requests and within five calendar days for standard requests, the referral will be considered null and void. The provider will then be required to resubmit a new request.

Patient name: _____ DOB: _____ ID# _____

Procedures	ICD-10	CPT Codes	Units/Visits	Estimated costs

Requesting Physician/Agency: _____ Phone #: _____
 Contact: _____ Fax #: _____
 Address: _____
 Service Rendering Hospital/ Facility: _____ TIN: _____
 Service Rendering Physician: _____ NPI: _____

Submit file to UUHP UM

File Upload: No file chosen

Description (255 characters maximum):

Your e-mail (required):

This upload widget is externally owned. Uploading files here will not upload them to your Box account.

powered by



Submit file to UUHP UM

Success. Your file has been uploaded, and the folder owner has been notified.

[Upload another file](#)